MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027066 STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 263

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0017
2 0980
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4 1
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7 0
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13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 12 1963

1. PLACE OF DEATH
a. COUNTY ADAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE
Length of stay in 1b: 2weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCHUYLER
c. CITY OR TOWN LANCASTER
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First BERTHA Middle MAE Last POTTORFF

4. DATE OF DEATH: Month AUGUST Day 1. Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 12/16/1885

9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months 7 Days 25
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): Schuyler, Missouri U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: DANIEL JONES

13b. MOTHER'S MAIDEN NAME: NANCY BROWN

14. NAME OF HUSBAND OR WIFE: EMMETT POTTORFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): NO

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Pearl Webster, Address Lancaster, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p...
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myeloid Leukemia unknown
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to Aug 1, 1963 and last saw her alive on July 31, 1963
Death occurred at 3 20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M D Gutensohn DO

22b. ADDRESS: Kirksville Mo

22c. DATE SIGNED: 8-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/4/1963

23c. NAME OF CEMETERY OR CREMATORY: Darby Cemetery

23d. LOCATION (City, town, or county) (State): SCHUYLER COUNTY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: NORMAN FUNERAL HOME, LANCASTER, MO

25. DATE RECD. BY LOCAL REG.: Aug 3 1963

26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Aug 1, 1963

M. T. Gutensohn, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dora E. Foster

Licensed Embalmer No. 4742

P. O. Address Tuckerton, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.